

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: Clermont Metropolitan Housing Authority PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: 10/01/2012 <div style="text-align: right;">PHA Code: OH038</div>																														
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 223                      Number of HCV units: 891																														
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																														
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">Participating PHAs</th> <th style="width: 5%;">PHA Code</th> <th style="width: 20%;">Program(s) Included in the Consortia</th> <th style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 20%;">No. of Units in Each Program</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <th style="width: 10%;">PH</th> <th style="width: 10%;">HCV</th> </tr> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program						PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																											
				PH	HCV																										
PHA 1:																															
PHA 2:																															
PHA 3:																															
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																														
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																														
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																														
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No plan elements have been revised since the last plan submission.  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The public may obtain copies of the 5 Year and Annual Plan at the Clermont Metropolitan Housing Authority's Administrative Office located at 65 S. Market St., Batavia, Ohio. The required PHA Plan Elements are available to the public at the Authority's Administrative Office.																														
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <ul style="list-style-type: none"> <li>CMHA will not be applying for Hope VI or Mixed Finance Modernization or Development</li> <li>No Demolition or Disposition activities are planned.</li> <li>No Public Housing Conversion activities are planned.</li> <li>CMHA has not applied for a homeownership program.</li> <li>CMHA does not have a project based voucher program.</li> </ul>																														
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																														
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. CMHA has completed a Capital Fund Program Annual Statement/Performance and Evaluation Report for the current year and all open Capital Fund Grants.																														
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. The Capital Fund Program Five-Year Action Plan is included as part of this year's Annual Plan.																														
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																														

9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.		
	<b>Demographic</b>	<b>Public Housing</b>	<b>Section 8</b>
	Extremely low	396	514
	Very low income	47	63
	Low income	4	10
	Elderly families	44	15
	Families with disabilities	38	44
	<b>Race</b>		
	White	399	517
	Black	29	59
	Asian		2
	American Indian	1	
	Hawaiian/Other Pacific Islander		1
	Multi-Racial	18	8
	<b>Ethnicity</b>		
	Hispanic	8	7
	<b>Bedroom Size</b>		
	One bedroom	80	
	Two bedrooms	88	
	Three bedrooms	228	
	Four bedrooms	50	
	Five or more bedrooms	1	
	<b>Total families on the waiting list</b>	<b>447</b>	<b>587</b>
	The three main housing needs of the income populations served by Clermont MHA are: <ol style="list-style-type: none"> <li>1.) The lack of affordable/accessible rental housing.</li> <li>2.) Lack of attainable/available housing.</li> <li>3.) Inadequate housing for the homeless and availability of transitional housing.</li> </ol>		

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>		
	Clermont MHA strategies to address the housing needs of its jurisdiction will include the following: <ol style="list-style-type: none"> <li>1. Maximize the number of affordable housing units available to the PHA within its current resources by employing effective maintenance and management policies to minimize the number of housing units off-line by continuing to maintain a low amount of days for unit turnover of vacated public housing.</li> <li>2. Acquire more public housing units.</li> <li>3. Increase the number of affordable housing units by applying for additional vouchers if available.</li> <li>4. Seek designation of public housing for the elderly.</li> <li>5. Continue to target available assistance to families at or below 30% of the area median income.</li> <li>6. Continue to work with the Housing Advisory Committee for Clermont County in order to identify the housing needs and issues for the Authority's jurisdiction for developing strategies for the CHIS.</li> </ol>		

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <ol style="list-style-type: none"> <li>1. Clermont MHA applied for and received 15 VASH vouchers; and continues to operate a Shelter + Care program.</li> <li>2. The Authority purchased, renovated and leased 4 single family houses for addition to the Public Housing Program.</li> <li>3. Renovated public housing units with Capital Fund grant funding.</li> <li>4. Participated in Clermont County's Affordable Housing Coalition, Continuum of Care and Housing Advisory Committee.</li> <li>5. Participated in Life Point Solution's BART Program as outreach for potential Section 8 landlords.</li> <li>6. Continue using the Go Section 8 software to reach current and new landlords.</li> <li>7. Continue to renew the elderly designation of units at the Bethel Woods complex.</li> <li>8. Continuing to partner with the YWCA on the Transitional Living Grant to assist with securing affordable housing for women who are victims of domestic violence.</li> <li>9. Continue to assist clients with self-sufficiency goals through the Section 8 FSS Program.</li> </ol> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>A significant amendment and substantial deviation/modification to the PHA Plan is as follows:</p> <ul style="list-style-type: none"> <li>- Changes to rent or admissions, or tenant selection policies,</li> <li>- Addition of non-emergency work items which are not included in the current Annual or Five Year Plan;</li> <li>- Any change with regard to demolition or disposition, designation homeownership program or conversion activities.</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ol>

**ANNUAL PLAN  
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Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name: Clermont Metropolitan Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: 501.12 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval: 2012</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9/30/11</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	27,052			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	9,000			
10	1460 Dwelling Structures	212,467			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 MB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>Clermont</b> <b>Metropolitan</b> <b>Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501.12 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2012</b> <b>FFY of Grant Approval: 2012</b>			
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9/30/12</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	270,519			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Sarah Tye</i> 6/12/2012			<b>Signature of Public Housing Director</b> _____ <b>Date</b> _____		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

Part II: Supporting Pages								
PHA Name: Clermont Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: 501.12 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2012		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OH038051967								
OH038051967	Partial salary for Executive Director	1410		5,443				
OH038051967	Partial salary for CF Inspector	1410		19,086				
OH038051967	Partial salary for Financial Specialist	1410		2,323				
OH038051967	Sundry Expense – bid advertising costs	1410		200				
OH038051967	Architect, permits, fees	1430		22,000				
OH038051967	Install new sewer main	1450		3,500				
OH038051967	Replace rear deck with concrete slab	1450		2,000				
OH038051967	Replace concrete driveway	1450		3,500				
OH038051967	Install new Energy Star electric furnaces, heat pumps, thermostats, cold air grills and floor registers	1460		212,467				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>					
PHA Name: <b>Clermont Metropolitan Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: 501.11 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: <b>2011</b> FFY of Grant Approval: <b>2011</b>
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	24,649		24,649	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	23,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	27,500			
10	1460 Dwelling Structures	96,500			
11	1465.1 Dwelling Equipment—Nonexpendable	122,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>					
<b>PHA Name:</b> Clermont Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501.11 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	293,649		24,649	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Sarah Tye</i> <b>Date 6/12/2012</b>		<b>Signature of Public Housing Director</b> <b>Date</b>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part II: Supporting Pages								
PHA Name: Clermont Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: 501.11 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OH038051967	Partial salary for Executive Director	1410		2,378		2,378		
OH038051967	Partial salary for CF Inspector	1410		20,212		20,212		
OH038051967	Partial salary for Financial Specialist	1410		1,859		1,859		
OH038051967	Sundry expenses for Capital Fund	1410		200		200		
OH038051967	Architect, permits, fees	1430		23,000				
OH038051967	Replace sewer line to the street	1450	1 unit	3,500				
OH038051967	Replace shed doors	1450	50	24,000				
OH038051967	Replace floor	1460	1 unit	5,500				
OH038051967	Install new floor tile/stair treads	1460	5 units	28,000				
OH038051967	Replace bathtub, surround & faucet	1460	25 units	63,000				
OH038051967	Replace refrigerator, range & range hood	1465	88 units	122,000				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name: Clermont Metropolitan Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No:501.10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
<b>Type of Grant</b> <input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	90,532		90,532	90,532
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	29,411.93		29,411.93	8993.38
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,532		22,532	22,532
8	1440 Site Acquisition				
9	1450 Site Improvement	64,000		64,000	64,000
10	1460 Dwelling Structures	118,888		118,888	118,888
11	1465.1 Dwelling Equipment—Nonexpendable	28,056.07		28,056.07	28,056.07
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Clermont Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501.10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	353,420		353,420	333,001.45
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Sarah Tye</i> 6/12/2012			<b>Signature of Public Housing Director</b> <b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Clermont Metropolitan Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: 501.10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OH038051967	Public Housing Shortfall	1406		90,532		90,532	90,532	complete
OH038051967	Partial salary for Executive Director	1410		4,145		4,145	1,381.68	in process
OH038051967	Partial salary for CF Inspector	1410		22,887		22,887	6,685.02	in process
OH038051967	Partial salary for Financial Specialist	1410		2,180		2,180	726.68	in process
OH038051967	Sundry expenses for Capital Fund	1410		200		200	200	complete
OH038051967	Architect, permits, fees	1430		22,532		22,532	22,532	complete
OH038051967	Replace all walkway posts	1460	1 site	34,135		34,135	34,135	complete
OH038051967	Replace greenhouse	1450	1 site	27,386		27,386	27,386	complete
OH038051967	Replace light poles	1450	2 sites	6,052		6,052	6,052	complete
OH038051967	Replace dumpster enclosures	1450	2 sites	9,702		9,702	9,702	complete
OH038051967	Replace concrete entrance	1450	1 site	3,881		3,881	3,881	complete
OH038051967	Replace concrete patio	1450	3 sites	5,891		5,891	5,891	complete
OH038051967	Replace concrete driveway	1450	4 sites	11,088		11,088	11,088	complete
OH038051967	Replace baseboard heaters, recess heaters and thermostats	1460	65 units	50,301		50,301	50,301	complete
OH038051967	Replace main water valve	1460	65 units	9,009		9,009	9,009	complete
OH038051967	Replace floor tile and stair tread	1460	5 units	25,443		25,443	25,443	complete
OH038051967	Replace air conditioners	1465	65 units	28,056.07		28,056.07	28,056.07	complete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
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<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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**PART I: SUMMARY**

PHA Name/Number Clermont Metropolitan Housing Authority			Locality (City/County & State) Clermont County		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name/PHA Wide	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
<b>B.</b>	Physical Improvements Subtotal	Annual Statement	\$146,000.00	\$251,500.00	\$170,960.00	\$192,500.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		\$105,300.00	\$2,208.00	-0-	\$43,100.00
E.	ADMINISTRATION		\$31,118.00	\$31,118.00	\$31,118.00	\$31,118.00
F.	Other		\$23,000.00	\$23,000.00	\$17,000.00	\$22,000.00
G.	Operations		\$46,543.00	\$44,968.00	\$70,000.00	\$36,482.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$351,961.00	\$352,794.00	\$289,078.00	\$325,200.00
L.	Total Non-CFP Funds					
M.	Grand Total		\$351,961.00	\$352,794.00	\$289,078.00	\$325,200.00



[illegible]

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for FFY Year	Work Statement for Year: 4 FFY 2015			Work Statement for Year: 5 FFY 2016		
	Development Number/Name OH038051967 General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name OH038051967 General Description of Major Work Categories	Quantity	Estimated Cost
	Replace electric panels and rewire	All buildings at 3 locations	42,505	Replace concrete drive	1 location	5,000
	Replace smoke detectors	All buildings at 3 locations	38,955	Seal coat, stripe lot	Locations	27,700
See Annual Statement	Put in sensory equipment for 504 compliance	2 units	5,000	Replace roofs and stain sheds	26	10,400
	Bring 504 compliance up to code to correct deficiencies	3 locations – 12 units	56,500	Replace tubs, faucets, tub surrounds, toilets, medicine cabinets, mirrors, exhaust fans and accessories	55 units	192,500
	Install new floor tile	5 units	28,000			
		Subtotal of Estimated Cost	\$170,960		Subtotal of Estimated Cost	\$235,600

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year FFY	Work Statement for Year: 2 FFY 2013		Work Statement for Year: 3 FFY 2014	
	Development Number/Name OH038051967 General Description of Major Work Categories	Estimated Cost	Development Number/Name OH038051967 General Description of Major Work Categories	Estimated Cost
	Public Housing Shortfall	46,543	Public Housing Shortfall	44,968
	Partial Salary for Executive Director	4,631	Partial Salary for Executive Director	4,631
See Annual Statement	Partial Salary for CF Inspector	24,374	Partial Salary for CF Inspector	24,374
	Partial Salary for Financial Specialist	1,913	Partial Salary for Financial Specialist	1,913
	Sundry Admin Expenses for CF	200	Sundry Admin Expenses for CF	200
	Architectural and Engineering Fees	23,000	Architectural and Engineering Fees	23,000
	Subtotal of Estimated Cost	\$100,661	Subtotal of Estimated Cost	\$99,086

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year FFY _____	Work Statement for Year: 4 FFY 2015		Work Statement for Year: 5 FFY 2016	
	Development Number/Name OH038051967 General Description of Major Work Categories	Estimated Cost	Development Number/Name OH038051967 General Description of Major Work Categories	Estimated Cost
	Public Housing Shortfall	70,000	Public Housing Shortfall	36,482
	Partial Salary for Executive Director	4,631	Partial Salary for Executive Director	4,631
See Annual Statement	Partial Salary for CF Inspector	24,374	Partial Salary for CF Inspector	24,374
	Partial Salary for Financial Specialist	1,913	Partial Salary for Financial Specialist	1,913
	Sundry Admin Expenses for CF	200	Sundry Admin Expenses for CF	200
	Architect	17,000	Architect	22,000
	Subtotal of Estimated Cost	\$118,118	Subtotal of Estimated Cost	\$89,600

**ATTACHMENT A**  
**RESIDENT COMMENTS**

A meeting was held on March 30, 2012 at the Bethel Woods Community building for presentation of the 2012 Annual Plan to the Resident Advisory Board. Clients of the Public Housing and Housing Choice Voucher Programs were notified of the meeting. The public meeting for comments regarding the plans was May 21, 2012.

There were two questions from residents regarding Capital Fund work items. The questions were addressed during the meeting.

Comment 1 – What work was currently being done at #501 Bethel Woods.

Response – Structural repairs to the foundation and brick work are being done at this unit.

Comment 2 – When will the parking lots at Bethel Woods be blacktopped again.

Response – The seal coating and striping of the Bethel Woods parking lots are scheduled to be done in Capital Fund 501.13.

**ATTACHMENT B**  
**VAWA STATEMENT**

In order to address the requirement of the Violence Against Women Act, the Clermont Metropolitan Housing Authority revised its Public Housing Admissions and Continued Occupancy Policy and lease as well as its Housing Choice Voucher Administrative Plan. Board Resolution Number 07-1180 was adopted by the Authority's Board of Commissioners on January 29, 2007.

Residents of both the Public Housing and Housing Choice Vouchers programs were notified by mail concerning the policy changes. Residents received a brochure which informed them about their rights under VAWA. At the time Resolution Number 07-1180 was adopted Clermont Metropolitan Housing Authority staff received information regarding the Act and copies of the policy changes. Staff also received the necessary training required to understand the Act, policy changes and how to incorporate them into the day to day business of the Authority. New residents receive VAWA information upon admission to the Public Housing and Housing Choice Voucher programs. The VAWA policy information is also incorporated into the Public Housing lease.

For the past fifteen years Clermont Metropolitan Housing Authority has had domestic violence as a preference for placement on its waiting lists. Currently Clermont Metropolitan Housing Authority does not have any activities, services or programs for residents in regard to preventing domestic violence. Clermont Metropolitan Housing Authority has an excellent working relationship with the local YWCA and the House of Peace, which provides protective shelter and supportive services for battered women and their children. Clermont Metropolitan Housing Authority is in partnership with the YWCA in the Transitional Living Grant to assist with securing affordable housing for women who are victims of domestic violence in Clermont County.